



MONROE COUNTY, PENNSYLVANIA – OFFICE OF THE DISTRICT ATTORNEY
CERTIFIED CONSTABLE TASK FORCE MEMBER APPLICATION

Constable/MCDA Task Force Application 03-15-2018

Applicant Information

First Name	Middle Name	Last Name	Nickname
Social Security Number		Date of Birth	Place of Birth
Home Phone	Cell Phone	Work Phone	Email Address
Driver's License Number	State	Expiration Date	

Current Address

House No.	Street Name	City	State	Zip	How Long (years)
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Previous Address *if current address is less than five years*

House No.	Street Name	City	State	Zip	How Long (years)
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Employment Information

Current Employer	Position	Contact Person	Telephone	How Long (years)
Previous Employer	Position	Contact Person	Telephone	How Long (years)

Status as a Constable Elected Appointed Deputy

Municipality/Precinct/Ward/Township	End of Term	PCCD Certification No.	Certification Expiration	Firearms Certified <input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Liability Insurance Carrier	Policy Number	Expiration	Bond Provider	Bond Expires On

Criminal Convictions

Check if you have been convicted of a misdemeanor or felony offense.

If this block is checked please attach a summary of any convictions including dates and penalties imposed.

Constable Task Force & Accreditation Program Handbook

I have received a copy of the MONROE COUNTY CONSTABLE TASK FORCE & ACCREDITATION PROGRAM HANDBOOK. I have reviewed and agree to obtain/maintain the certifications and training as defined in Section III ELIGIBILITY & REQUIREMENTS.

Signature Block

I certify that the information provide in this form is true and correct. I understand that providing misleading or misinformation is a violation of 18 Pa C.S. § 4904 Unsworn Falsification to Authorities. I understand that a background investigation, including a criminal and civil records check and a driver history, will be conducted.

Applicant's Signature

Date